

This portion MUST be returned with your payment to ensure proper credit. THANK YOU

ACCOUNT BILLED
HARRISON, WILLIAM V.

PROJECT NAME
MONOCLINIC #1/TRIANGLE

PROJECT ID
S370085

DUE DATE	ANNUAL FEE	PAST DUE	AMOUNT DUE	<input type="checkbox"/> FEE NOT ENCLOSED
7/30/1999	\$ 100	\$ 0	\$ 100	Permittee requests an inspection to close out this permit.

TAX ID OR SOCIAL SECURITY #

DIVISION OF OIL GAS AND MINING
1594 WEST NORTH TEMPLE SUITE 1210
PO BOX 145801
SALT LAKE CITY UT 84114-5801

<i>Change of Address</i>	
Contact	
Address	
State	Zip
Phone	

RECEIVED
JUL 28 1999
DIV. OF OIL, GAS & MINING

Please make check payable to:
Division of Oil, Gas and Mining